

Arizona Baby Steps to Breastfeeding Success
WIC Curriculum
07/2010

#2

Making institutional changes in maternity care practices has been shown to significantly increase breastfeeding initiation and duration rates. While the *Ten Steps to Successful Breastfeeding for Hospitals* included in the Baby-Friendly Hospital Initiative (BFHI) sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) is considered the gold standard for breastfeeding maternity practices, relatively few U.S. hospitals, none in Arizona, have earned the "Baby-Friendly" designation.

#3

While Arizona hospitals should strive to achieve all ten steps, working toward these five evidenced-based practices would go a long way toward making a real difference in the health of infants and mothers.

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This seems like a program for the hospitals, right? But there are many entities invested in the health of infants and mothers and realize that breastfeeding initiation and duration are the keys to getting off to a good start. These programs are working with pregnant women everyday and are valuable to helping achieve breastfeeding initiation and duration goals. Traditionally, these programs have not worked together and even, at times, against each other, leaving the pregnant woman confused, nervous, and afraid of breastfeeding.

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That is why this is so important. AzBSBS is the first comprehensive breastfeeding program to include the hospitals, the physicians, and the community (WIC, coalitions and Media) in its action steps. Working together should create an environment where a woman feels educated and supported in her breastfeeding decisions.

#6

WIC plays an important role in the success of any breastfeeding program. Breastfeeding has always been a core function but we have not really had much focus on breastfeeding and the hospital experience.

#7 WIC's Role: Pregnancy

Research has shown that the best time to talk to a pregnant woman about breastfeeding is the second trimester. Ideally, that is when tips and tricks of breastfeeding are discussed and the breastfeeding book is given. The third trimester is best used helping the pregnant woman overcome barriers that she has identified. This is also an excellent time to give her some anticipatory guidance on how to get off to the best start in the hospital. The Arizona Baby Steps to Breastfeeding Success Bookmark can be used as a conversation guide and given to the client at the end of the visit.

#8 Bookmark

Let's spend some time going over each of the steps so that you will feel more comfortable and confident talking to your client.

#9 First Hour: Read Step

#10 First Hour, continued

Babies undergo a remarkable transition from the womb to the world. There are many things that can be done naturally to ease the baby's transition, but none can compare to the impact of breastfeeding. A study published in the journal of Pediatrics suggest that newborns that die in the first month of life could have been saved if breastfed in the first hour of life.

Mothers need to hold their babies skin to skin and to breastfeed immediately after delivery. When babies are held and breastfed immediately after birth, they are kept warm, more likely to have stable blood sugar levels and can regulate their heart rate, respiratory rate and oxygenation easier. In addition to the physical benefits, it also has emotional benefits too. Babies who breastfeed immediately are calmer and cry less.

#11 Breast Milk Only: Read Step

#12 Breast Milk Only, continued

Physical Benefits:

Human breastmilk is very specific to meet the needs of a human infant. Breastmilk changes in composition throughout the day and throughout the duration of lactation. Colostrum contains a high concentration of immunoglobulin and lactoferrin, which are not found in formula. The immunoglobulin protects the infant from specific diseases and bacteria. Lactoferrin is highest in concentration in colostrum and acts as an antibiotic on bacteria in the intestines. Colostrum, alone, reduces the incidence or severity of diseases such as diarrhea, lower respiratory infections, ear infections, bacterial meningitis, urinary tract infections, and also helps establish the gut flora for the infant.

Emotional Benefits:

Mothers need to know the normal behavior of a breastfed infant so they are better prepared to go home with their infant. Supplementation hinders this experience because the mother loses confidence that she can breastfeed successfully and she has less opportunity to practice breastfeeding under the care of a professional.

#13 Rooming In: Read Step

#14 Rooming In, continued

The practice of keeping mom and baby in the same room, from the moment of birth until hospital discharge, is called rooming-in. There are many benefits to the mother, baby, and staff when a mother and baby room-in during their stay at the hospital and beyond.

Experts state there is an increased closeness when keeping moms and babies together right after birth. Mothers score higher on tests that measure the strength of a mother's attachment to her baby when they spend more time with their baby. Mothers, who keep their babies with them during their stay, have greater opportunities to learn not only how to care for their baby, but also learn their baby's feeding cues, normal behaviors and learn coping strategies for their roles as mothers. Research indicates the rates of child abuse, neglect, and abandonment is lower for

mothers who have frequent and extended contact with their newborn during the early postpartum period.

Breastfeeding is much easier for mothers who room-in with their baby. Studies propose that mothers who room-in (with their baby) make more milk, breastfeed longer, transition their milk sooner and are more likely to breastfeed exclusively compared with mothers who have limited contact with their baby, including those who have their baby spend a limited amount of time in the nursery.

The babies then have the corresponding benefit of taking in more breastmilk, gain more weight per day, are less likely to develop jaundice and are more likely to breastfeed exclusively. The benefits for baby increase to include crying less, soothe more readily, and have an increased time in quiet sleep.

Contrary to the myth, mothers will sleep more and have better sleep if they have their baby cared for in the nursery is not supported by research. Research provides evidence that mothers who have their baby cared for in the nursery do not get more sleep than mothers who room-in with their baby at night.

#15 Pacifiers: Read Step

#16 Pacifier, continued

In Arizona, over 30 percent of healthy full-term breastfed infants are given pacifiers during their hospital stay. The risks associated with early use of pacifiers or artificial nipples include but are not limited to are: an increase risk of mother's having decreased milk supply, increase risk of lactation difficulties such as engorgement, poor latch, and plugged ducts, possibility of imprinting behaviors associated with an artificial stimulus rather than with the mother's nipple, an increase risk for low weight gain in baby, dehydration, and increased bilirubin level due to poor milk transfer.

Instead of a pacifier, the mother should be taught alternative soothing techniques such as placing the baby skin to skin, swaddling, rocking, or placing the baby skin to skin. Their hospital stay is an opportune time for mothers to learn and master these techniques.

When supplementation is necessary, mothers should be aware of alternative feeding methods. Bottle-feeding, although most popular, is not the only method to deliver supplementation. Spoon and Cup feedings are a safe alternative to artificial nipples and can be done while the infant is being held skin to skin. A Supplemental Nurer (SNS) may, also, be used but tends to be the most costly and least frequently used alternative.

The American Academy of Pediatrics has supported the use of a pacifier to help reduce the incidents of sudden infant death syndrome (SIDS). The use of a pacifier does not prevent SIDS, but decreases the risk of SIDS death. The AAP recommends parents consider offering a pacifier at nap time and bedtime. For breastfed infants, the AAP recommends delay pacifier introduction until 1 month of age to ensure that breastfeeding is firmly established. The recommendation of pacifier use is restricted to the use of sleep time and that it should be discontinued by the end of the first year. Healthcare staff should support the AAP recommendations by not introducing a pacifier to breastfed infants while in the hospital and should educate families on the AAP recommendation.

#17 Telephone Number: Read Step

#18 Telephone Number, continued

Transition to motherhood can be an overwhelming experience. Hospitals do much to initiate and establish breastfeeding during the mother's short stay. Parents are inundated with infant care and breastfeeding information. There are many new skills mothers need to learn during this brief time with hospital staff, thus the need for support extends beyond the hospital stay.

Most new mothers are discharged before her milk has come in and before the baby has become proficient at breastfeeding. Or, a mother may breastfeed successfully during her hospital stay and thus may not be prepared to handle any complications she may experience at home.

Mothers should not have to struggle on their own. Mothers need to know how to contact breastfeeding support if the need arises. She should be encouraged to seek help if she has doubts, questions, or problems

regarding breastfeeding. Arizona Department of Health Services provides a free breastfeeding phone support to everyone in the State of Arizona.

#19 All 5: Read Slide

#20 Physician's Role

You may ask what will physician's be doing or saying while you are doing all this education? Well, they will be doing and saying the same thing.

#21 Physician's Role

Physician's all around the state will be receiving toolkits that includes all kinds of information for their waiting room, their patients, and patient directives for when their patients deliver.

#22 Hospital's Role

While you and the physicians are working with your pregnant clients to prepare them for the best breastfeeding start, 28 hospitals in Arizona have committed to making changes too.

#23 Hospital's Role

By participating in the AZBSBS Program, hospitals, with some help from the Arizona Department of Health Services, will be either developing or revising current breastfeeding policies to support these five (5) steps. The policies themselves will not be effective unless all staff that cares for mothers and infants are educated in the reasons and research behind them. Therefore hospital staff will be taking a 4-6 hour evidence-based training with the focus of practicing "Good Medicine". The staff will be encouraged to air barriers or concerns about current or new practices and use facilitated discussion to find solutions. After the training, staff will be encouraged to continue their training through online modules. Staff will also be evaluated for compliance with policy implementation/revisions. As for materials, AzBSBS will supply materials to hospitals for both staff and patients to use to make this program a success.

#24 Questions: Refer to Slide

#25 Website: Refer to Slide

#26 Thank You: Refer to Slide